

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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34	1	1				
35	1					
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37		1				
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39	1	1				
40		1				
41	1					
42		1				
43		1				
44		1				
45		4				
46		4				
47		4				
48		4				
49		4				
50		4				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
51			4									
52			4									
53			4									
54												
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97												
98												
99												
100												
TOTAL IND.	6		↓		↓		↓		↓		↓	
TOTAL DEP.	74		←		←		←		←		←	
TOTAL CLAIMS	80											